

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007806

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1747

AMENDED

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

2815 S 59th St.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

DESMOND

T.

BOUDREAUX

4. DATE OF DEATH

Month

Day

Year

FEBRUARY

10

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-30-1901

9. AGE (last birthday)

61

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY

Union Pipe Fitter's

11. BIRTHPLACE (City and state or country)

Louisiana

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Aurelia Boudreaux

13b. MOTHER'S MAIDEN NAME

Camille La Grange

14. NAME OF HUSBAND OR WIFE

Hilda Lanier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

4-4-1917

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife

Address

Hilda Boudreaux 2815 S 59th St.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UNDIFFERENTIATED CARCINOMA OF LEFT LUNG WITH
METASTASES

INTERVAL BETWEEN

ONSET AND DEATH

8-10 MONTHS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/19/61

to 2/10/62

and last saw her alive on 2/10/62

Death occurred at 5:10 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F. R. BRADLEY, M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

2/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-13-62

23c. NAME OF CEMETERY OR CREMATORY

LaVe Charles Memorial

23d. LOCATION (City, town, or county)

St. Louis County

(State)

24. FUNERAL DIRECTOR

ADDRESS

Weick Bros

2201 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 12 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M. D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.